

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/773/164

FILING DATE

1-31-01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 15 | | | | | |
| TOTAL CLAIMS | 18 | | | | | |

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